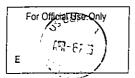
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-25252

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 2005 Through: 12/31 / 2005

4. Name, file number, and address of labor organization.

Name Ochnis VANEC	Name Asbestos WORKERS LOCAL 78	
	Labor Organization File Number 607 - 281	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street	Street 2653 Ruffner Road	
City	City Birmingham	
State ZIP Code + 4	State AL ZIP Code + 4 35210	
5. Position in labor organization. Executive 700	and	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instruct ons):		
A. Held an interest in, engaged in transactions including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is active y seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

ZIP Code + 4

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

State

7 34 -41 7 3 Telephone Number

Name of Person Filing
-----------------------

city Birmingham

State

Dennis VANCE

ZIP Ccde + 4 35210

File Number U-

B. Held an Interest in or derived income or ecc. not benefit with monetary versubstantial part of which consists of buying from, selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  Z:P Code + 4	wise dealing with the business ively seeking to represent, or directly to, or otherwise
State Z.P Code + 4	
10. If 9.b. or 9.c. is checked give trust or employed's name.  Name AS bestos Workers Local 78 Joint Appropriationship Thairing Fund.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 2653 Kuff New Road	11.a. Nature of such dealing.  LABOR TRUSTIC
The state of the s	11.b. Approximate dollar value of such dealing.

12.b. Amount. 15.00

RUMBURSED TRUSTER EXPENSES

12.a. Nature of interest held or income received.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. ? 13.b. Is the Business an Employer or Consultant